

Marshall Area YMCA - Camp Registration Form, Page 1 - Summer 2010

	Discovery Camp	Camp Spirit Full Week	Camp Spirit 3 Day M T W H F	Sport & Specialty Camps	Weekly Total
<b>Session 1</b> June 7-11	<input type="checkbox"/> Full Week \$60/\$70 <input type="checkbox"/> 3 Day \$36/\$46 M T W H F	<input type="checkbox"/> Morning \$65/\$90 <input type="checkbox"/> Afternoon \$65/\$90 <input type="checkbox"/> Full Day \$110-\$150	<input type="checkbox"/> Morning \$40/\$55 <input type="checkbox"/> Afternoon \$40/\$55 <input type="checkbox"/> Full Day \$65/\$90 M T W H F		Total \$ _____
<b>Session 2</b> June 14-18	<input type="checkbox"/> Full Week \$60/\$70 <input type="checkbox"/> 3 Day \$36/\$46 M T W H F	<input type="checkbox"/> Morning \$65/\$90 <input type="checkbox"/> Afternoon \$65/\$90 <input type="checkbox"/> Full Day \$110-\$150	<input type="checkbox"/> Morning \$40/\$55 <input type="checkbox"/> Afternoon \$40/\$55 <input type="checkbox"/> Full Day \$65/\$90 M T W H F	Sports of All Sorts <input type="checkbox"/> 1:00-5:00pm \$65 / \$90 Grades K-6	Total \$ _____
<b>Session 3</b> June 21-25	<input type="checkbox"/> Full Week \$60/\$70 <input type="checkbox"/> 3 Day \$36/\$46 M T W H F	<input type="checkbox"/> Morning \$65/\$90 <input type="checkbox"/> Afternoon \$65/\$90 <input type="checkbox"/> Full Day \$110-\$150	<input type="checkbox"/> Morning \$40/\$55 <input type="checkbox"/> Afternoon \$40/\$55 <input type="checkbox"/> Full Day \$65/\$90 M T W H F	Gymnastics Camp <input type="checkbox"/> 1:00-5:00pm \$65 / \$90 Grades K-6	Total \$ _____
<b>Session 4</b> June 28-July 2	<input type="checkbox"/> Full Week \$60/\$70 <input type="checkbox"/> 3 Day \$36/\$46 M T W H F	<input type="checkbox"/> Morning \$65/\$90 <input type="checkbox"/> Afternoon \$65/\$90 <input type="checkbox"/> Full Day \$110-\$150	<input type="checkbox"/> Morning \$40/\$55 <input type="checkbox"/> Afternoon \$40/\$55 <input type="checkbox"/> Full Day \$65/\$90 M T W H F		Total \$ _____
<b>Session 5</b> July 5-9	<input type="checkbox"/> Full Week \$60/\$70 <input type="checkbox"/> 3 Day \$36/\$46 M T W H F	<input type="checkbox"/> Morning \$65/\$90 <input type="checkbox"/> Afternoon \$65/\$90 <input type="checkbox"/> Full Day \$110-\$150	<input type="checkbox"/> Morning \$40/\$55 <input type="checkbox"/> Afternoon \$40/\$55 <input type="checkbox"/> Full Day \$65/\$90 M T W H F		Total \$ _____
<b>Session 6</b> July 12-16	<input type="checkbox"/> Full Week \$60/\$70 <input type="checkbox"/> 3 Day \$36/\$46 M T W H F	<input type="checkbox"/> Morning \$65/\$90 <input type="checkbox"/> Afternoon \$65/\$90 <input type="checkbox"/> Full Day \$110-\$150	<input type="checkbox"/> Morning \$40/\$55 <input type="checkbox"/> Afternoon \$40/\$55 <input type="checkbox"/> Full Day \$65/\$90 M T W H F	Gymnastics Camp <input type="checkbox"/> 1:00-5:00pm \$65 / \$90 Grades K-6	Total \$ _____
<b>Session 7</b> July 19-23	<input type="checkbox"/> Full Week \$60/\$70 <input type="checkbox"/> 3 Day \$36/\$46 M T W H F	<input type="checkbox"/> Morning \$65/\$90 <input type="checkbox"/> Afternoon \$65/\$90 <input type="checkbox"/> Full Day \$110-\$150	<input type="checkbox"/> Morning \$40/\$55 <input type="checkbox"/> Afternoon \$40/\$55 <input type="checkbox"/> Full Day \$65/\$90 M T W H F	Canoeing Camp <input type="checkbox"/> 1:00-5:00pm \$65 / \$90 Grades 6 & up	Total \$ _____
<b>Session 8</b> July 26-30	<input type="checkbox"/> Full Week \$60/\$70 <input type="checkbox"/> 3 Day \$36/\$46 M T W H F	<input type="checkbox"/> Morning \$65/\$90 <input type="checkbox"/> Afternoon \$65/\$90 <input type="checkbox"/> Full Day \$110-\$150	<input type="checkbox"/> Morning \$40/\$55 <input type="checkbox"/> Afternoon \$40/\$55 <input type="checkbox"/> Full Day \$65/\$90 M T W H F		Total \$ _____
<b>Session 9</b> August 2-6	<input type="checkbox"/> Full Week \$60/\$70 <input type="checkbox"/> 3 Day \$36/\$46 M T W H F	<input type="checkbox"/> Morning \$65/\$90 <input type="checkbox"/> Afternoon \$65/\$90 <input type="checkbox"/> Full Day \$110-\$150	<input type="checkbox"/> Morning \$40/\$55 <input type="checkbox"/> Afternoon \$40/\$55 <input type="checkbox"/> Full Day \$65/\$90 M T W H F	Sports of All Sorts <input type="checkbox"/> 1:00-5:00pm \$65 / \$90 Grades K-6	Total \$ _____
<b>Session 10</b> Aug 9-13	<input type="checkbox"/> Full Week \$60/\$70 <input type="checkbox"/> 3 Day \$36/\$46 M T W H F	<input type="checkbox"/> Morning \$65/\$90 <input type="checkbox"/> Afternoon \$65/\$90 <input type="checkbox"/> Full Day \$110-\$150	<input type="checkbox"/> Morning \$40/\$55 <input type="checkbox"/> Afternoon \$40/\$55 <input type="checkbox"/> Full Day \$65/\$90 M T W H F		Total \$ _____
<b>Session 11</b> Aug 16-20	<input type="checkbox"/> Full Week \$60/\$70 <input type="checkbox"/> 3 Day \$36/\$46 M T W H F	<input type="checkbox"/> Morning \$65/\$90 <input type="checkbox"/> Afternoon \$65/\$90 <input type="checkbox"/> Full Day \$110-\$150	<input type="checkbox"/> Morning \$40/\$55 <input type="checkbox"/> Afternoon \$40/\$55 <input type="checkbox"/> Full Day \$65/\$90 M T W H F	Gymnastics Camp <input type="checkbox"/> 1:00-5:00pm \$65 / \$90 Grades K-6	Total \$ _____

**YMCA SUMMER CAMPS  
2010 INFORMATION FORM, PAGE 2**  
Complete other side to indicate which session's camper is attending!

Camper's Name: \_\_\_\_\_  
 Grade Entering: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Name of Parent: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_

Please check those that apply and give approximate dates:  
 Hypertension       Heart Disease       Diabetes  
 Mononucleosis       Seizures       Asthma  
 Clotting Disorder       Behavior Disorder

Immunizations:      Allergies:  
 DPT       Penicillin  
 Polio       Hay Fever  
 Mumps       Insect Stings  
 Measles       Other: \_\_\_\_\_  
 Rubella

Disability or chronic / recurring illness: \_\_\_\_\_  
 Other medical problems / allergies / diseases (please give dates): \_\_\_\_\_  
 \_\_\_\_\_

Medications child is currently taking: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Name of Child's Physician / Clinic: \_\_\_\_\_

Physician / Clinic Phone: \_\_\_\_\_

Name of Child's Dentist: \_\_\_\_\_

Dentist Phone: \_\_\_\_\_

Does your child have any special needs requiring an accommodation?  
 \_\_\_\_\_  
 \_\_\_\_\_

I do hereby consent & authorize Marshall Area YMCA staff to take any & all action, including use of emergency medical transportation, medical services, & hospital facilities as they deem appropriate in the event my child should become ill or otherwise injured under the care of the Marshall Area YMCA.

\_\_\_\_\_  
*Signature*      *Date*

AUTHORIZATION TO PARTICIPATE:

YES  NO      I give my child, \_\_\_\_\_, permission to swim or otherwise participate in water activities in bodies of water two or more feet in depth. During any scheduled swimming activity, a certified lifeguard or water safety instructor will be on duty.

YES  NO      I would like my child to swim in shallow water only.

YES  NO      My child has permission to swim in deep water and can successfully perform the following skills: can jump feet first into water and can tread water for 10 seconds & continue to swim for 1 length of the pool. I understand that the YMCA reserves the right to re-evaluate all deep-water swimmers and may move them to shallow water if deemed necessary.

Next three must be "yes" in order for child to attend.

YES  NO      I give my permission for my child to participate in all trips or excursions. I understand that transportation for these trips or excursions may be by YMCA van, walking, public transportation, or leased bus.

YES  NO      I give my permission for my child to use all of the equipment & participate in all activities of the program.

YES  NO      I give my permission for my child to be included in evaluations & pictures associated with the program.

I understand that any medical expenses resulting from any illness or injury my child may incur while attending this YMCA program are my responsibility. I understand that the Marshall Area YMCA is not responsible for anything that may happen as a result of false information given by a parent or guardian.

\_\_\_\_\_  
*Signature*      *Date*

**Complete other side to indicate which sessions attending.**

The following persons are allowed to sign out my child (listed above)  
**Please Print**

_____ Name	_____ Relationship	_____ Phone Number
_____ Name	_____ Relationship	_____ Phone Number
_____ Name	_____ Relationship	_____ Phone Number
_____ Name	_____ Relationship	_____ Phone Number